

Impact of Caregiving on Burden among Caregivers of Psychotic Patients

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ABSTRACT

Aim the current study was aimed to find out the impact of caregiving on Burden among caregivers of psychotic patients. The total **Sample** consisted of 60 caregivers, equally distributed on types of psychotic patients (Schizophrenia and Depression) and type of duration of illness (Under 12 months and More than 12 months) selected purposive sampling technique from various hospital of Gujarat state. The studied **Tool** was Burden Assessment Schedule (BAS) developed by Thara, Padmavati, Kumar and Srinivasan was used for the data collection. Data was analyzed through Mean, S.D., 't' – test. **Result** reveals that similar and no significant difference among schizophrenia and depression caregivers of psychotic patients regards to their burden. Significant difference among duration of illness under 12 months higher than more than 12 months caregivers regards to their burden.

Keywords: Psychotic Patients, Caregiving and Burden of Caregiver.

Caregivers of psychotic patients with schizophrenia and depression are under the burden of care. The burden of care is more often defined by its impact on the caregivers of psychotic patients. Other than the psychological, emotional, physical, social and economic impact, the concept of burden of care involves subtle but distressing ideas like embarrassment, shame, self-blame and feelings of guilt. The early concept of burden of care was divided into 2 distinct areas - objective and subjective. Objective psychological factors are meant to indicate its effects on the household, like taking care of daily chores, whereas subjective psychological factors indicate the psychological and emotional impact of mental illness on family members (including feelings of grief and worry). Living with a psychotic patient with schizophrenia and depression can put considerable burden, stress and limitations on the rest of the caregivers.

Psychotic disorders are severe mental disorders that cause abnormal thinking, perceptions and behaviour. Person with psychoses lose touch with reality. Acute psychosis is a symptom that can be caused by many psychiatric and medical conditions. Psychotic patients might be unable to provide a history or participate in treatment if they are agitated, hostile or violent.

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An appropriate workup may reveal the etiology of the psychosis, secondary causes, such as medical illness and substance use, are prevalent in the emergency room setting. If the patient has an underlying primary psychotic disorder, such as schizophrenia or major depression, illness-specific intervention will help acutely and long-term. With agitated and uncooperative psychotic patients, clinicians often have to intervene quickly to ensure the safety of the patient and those nearby. Two of the main symptoms are delusions and hallucinations. Schizophrenia is one type of psychotic disorder and people with bipolar disorder or major depression may also have psychotic symptoms.

Schizophrenia and major depression have the highest mortality rate of any personality disturbance and possibly the highest incidence as well, it has been relatively neglected by most social science disciplines. The qualifier primary signifies that other aspects of major depression, especially cognitive-perceptual distortions (delusions and hallucinations), are secondary or contingent accompaniments of the mood disorder.

Objectives

- To study and compare the burden in schizophrenia and depression caregivers of psychotic patients.
- To study and compare the burden in duration of illness under 12 months and more than 12 months caregivers of schizophrenia and depression patients.

Hypotheses

- There will be no significant difference among schizophrenia and depression caregivers of psychotic patients with regards to their burden.
- There will be no significant difference among duration of illness under 12 months and more than 12 months caregivers with regards to their burden.

Variables

No.	Variables	Types of Variables	Level of Variables	Name of Variables
1.	Type of psychotic patient	Independent Variable	2	Schizophrenia patient Depression patient
2.	Type of duration of illness	Independent Variable	2	Under 12 months More than 12 months
3.	Burden Assessment Schedule (BAS)	Dependent Variable	1	As per Manual

Sample

According to the purpose of the research total 60 samples were selected of caregivers of psychotic patients. There were 30 schizophrenia patients caregivers and 30 depression patients caregivers. 15 were under 12 months and 15 more than 12 months duration of illness patients caregivers selected purposive sampling technique from varies hospital of Gujarat state.

Research Design

The variables of the present research study, considerations were given to whether the entire caregivers of psychotic patients is to be made the subjects for data collection or a particular group is to be selected as a representative of the whole caregivers of psychotic patients.

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Types of Psychotic Patient			
Duration of illness	Schizophrenia	Depression	
Under 12 months	15	15	30
More than 12 months	15	15	30
	30	30	60

Instruments

Burden Assessment Schedule (BAS) 1998: Thara, Padmavati, Kumar and Srinivasan. The Burden Assessment Schedule (BAS) developed at the Schizophrenia Research Foundation (SCARF), India. This is semi-quantitative, 40-item Scale measuring 9 different area of objective and subjective caregiver burden. Each item is rated on a 3 point scale. The responses are “not at all”, “to some extent”, and “very much”. Some of the items are reverse coded. Scores range from 40 to 120 with higher scores indicating greater burden. i.e., Mild burden (0-40), Moderate burden (41-80) and Severe (81-120). The inter-rater reliability between the interviewers was good (Kappa, 0.80). This schedule validity and correlation between the two instruments was found to be good for most of items and ranged between .71 and .82.

RESULTS AND DISCUSSION

The Present research study was to impact of caregiving on burden among caregivers of psychotic patients. In this Table: 1. 60 burden of schizophrenia and depression caregivers of psychotic patients as sample. In it, statistical ‘t’ method was measured. Results and discussion of the present study is a under.

Table: 1. Presenting ‘t’ table of burden of schizophrenia and depression caregivers of psychotic patients.

Mean, standard deviation and ‘t’ score of burden of schizophrenia and depression caregivers of psychotic patients.

[N: 60]

Details	N	Mean	SD	‘t’ Value	level of Significance
Schizophrenia	30	78.33	4.92		
Depression	30	76.83	4.04	1.29	NS

Above table: 1 indicated that the value of Mean and SD of burden of schizophrenia patients caregivers are 78.33 and 4.92 respectively and depression patients caregivers Mean and SD are 76.83 and 4.04 respectively. The ‘t’ value is 1.29, which is no significant at 0.01 level. This means Ho is accepted, It means burden similar and no significant difference between schizophrenia and depression patients caregivers.

Table: 2. Presenting ‘t’ table of burden of duration of illness under 12 months and more than 12 months caregivers.

Mean, Standard Deviation and ‘t’ score of burden of duration of illness under 12 months and more than 12 months caregivers.

[N: 60]

Details	N	Mean	SD	‘t’ Value	level of Significance
Under 12 Months	30	80.03	4.46		Sign.
More than 12 Months	30	75.13	3.11	4.92	0.01

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Above table: 2 indicated that the value of Mean and SD of burden of duration of illness under 12 months are 80.03 and 4.46 respectively and more than 12 months Mean and SD are 75.13 and 3.11 respectively. The 't' value is 4.92, which is significant at 0.01 level. This means H_0 is rejected, it means duration of illness under 12 months higher than more than 12 months caregivers regards to their burden.

SUMMARY OF THE FINDINGS

The result showed there were no significant difference in the burden of schizophrenia and depression caregivers of psychotic patients. Which is the no significant 0.01 level. So, H_0 is accepted, it means burden is similar and no significant difference is seen between schizophrenia and depression patients caregivers.

The result showed there were significant difference in the burden of duration of illness under 12 months and more than 12 months caregivers. Which is the significant 0.01 level. So, H_0 is rejected, it means duration of illness is under 12 months higher than more than 12 months caregivers regards to their burden.

Limitations

The present research was carried out on a small sample of caregivers of psychotic patients. Where duration of illness were under 12 months and more than 12 months caregivers from the only Gujarat state. The findings made in study may be biased participants in sample selection for this research purposive sampling technique method was used. The present research is only a part of the study, thus generalization should no be consummated and the scientific is not approached in the selection of sample. The conclusion of present research is partially significant.

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Conflict of Interest

The author declared no conflict of interest.

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